

# LIVING SAVIOR LUTHERAN CHURCH VACATION BIBLE SCHOOL REGISTRATION



Monday June 27 – Wednesday June 29 6:00-8:30, snacks provided. Preschool – 5<sup>th</sup> Grade

**\*\*One form per FAMILY; Form due by Sunday June 19<sup>th</sup>\*\***

FAMILY Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_

Cell/Home Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

(Please include all adults and children below. Use back of form if necessary.)

First Name	Last Name	Age/Grade entering	Allergies/Medical Issues/Special Needs
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above-named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Please initial: YES \_\_\_\_\_ NO \_\_\_\_\_

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date